



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0310000

ORI (Code assigned by DOJ)

CCW

Authorized Applicant Type

CCW PERMIT

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

PLACER COUNTY SHERIFF

Agency Authorized to Receive Criminal Record Information

03308

Mail Code (five-digit code assigned by DOJ)

2929 RICHARDSON DRIVE

Street Address or P.O. Box

CCW COORDINATOR

Contact Name (mandatory for all school submissions)

AUBURN

City

CA

State

95604

ZIP Code

(530) 889-6929

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐

Male

☐

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

NOT APPLICABLE

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

Home

Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☒

DOJ

☒

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

THIS SECTION IS NOT APPLICABLE

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed